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(Re	equestor's Name)	
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ALL LEASSES, FLORIDA

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: VALERIA	A PEREZ GROUP 1286	6 LLC	
SOBILET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALDO A HASBUN		<del></del>
		Name of Person	
	ALDO A HASBUN PA	·	
		Firm/Company	
	6970 BIRD RD 228		
	_	Address	
	MIAMI FLORIDA 331	55	
		City/State and Zip Code	
	ALDOAHS6@HOTMA E-mail address: (	IL.COM to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
LAURA PATINO		at (786 ) 843-6760	)
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## VALERIA PEREZ GROUP 12866 LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liability	Company)	
The Articles of Organization for this Limited I Florida document number L23000413807	Liability Company were fi	led on 09/05/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STREET ADDRESS)			3
			3 1
Enter new mailing address, if applicable:			THE
(Mailing address MAY BE A POST OFFICE			
122111111111111111111111111111111111111			- <del>                                     </del>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			ne of the new registered
New Registered Office Address:	6970 BIRD RD		
Now Regissered Office / Idagess.		Enter Florida street address	
	MIAMI	Florida <u>3</u>	3155
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registery provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfor istered agent as provide registered office addres	mance of my duties, and I am ed for in Chapter 605, F.S. Or	familiar with and ;; if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	VALERIA ANDREA PEREZ CASTRO		□Add
		14828 SW 265 ST HOMESTEAD FL 33032	Remove
<u>P</u>	NELSON JAVIER PEREZ HERNANDEZ		□Add
		14828 SW 265 ST HOMESTEAD FL 33032	<u>2</u>
	NELCON INVER DEDE		□Change
MGR	NELSON JAVIER PEREZ HERNANDEZ	14828 SW 265 ST HOMESTEAD FL 3303	2 ⊠Add
			□Remove
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in effecti <u>ote:</u> If	date, if other than the date of filing:	
ecord s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
1	may 7. 2024.	
ea	,	
.tea	nay?  Nelvon J. Perry  Signature of a member or authorized representative of a member	